

REDACTED VERSION



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6
1445 ROSS AVENUE, SUITE 1200
DALLAS TX 75202-2733

SEP 07 2010

URGENT LEGAL MATTER-PROMPT REPLY NECESSARY

(b) (6)

**Re: Helena Chemical Company Superfund Site
Mission, Hidalgo County, Texas**

Dear (b) (6):

As explained in my call to you on August 25, 2010, EPA is trying to complete our cost recovery effort by making a final determination of your ability or inability to pay for all or a portion of the cleanup of the Helena Chemical Company Superfund Site. Therefore we are requesting additional information from you in order to update the financial information which you provided to EPA in 2008.

Please complete the attached Individual Ability to Pay forms and submit them alone with the requested tax returns from 2007, 2008, and 2009. You have previously submitted earlier returns so even though the forms requests the previous five years, it is only necessary to submit the three years listed above. Please complete the information to the fullest and best of your knowledge in order to help us make a final decision.

If you have any questions regarding this request please contact Cynthia Brown, Removal Enforcement Coordinator, at 214-665-7480. Questions concerning legal matters should be directed to EPA attorney, Mr. John Emerson, at 214-665-3137.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Sing Chia".

Sing Chia,
Acting Associate Director
Technical and Enforcement Branch

Enclosure



Instructions for Applying for Ability to Pay Financial Review

To process a claim of financial hardship, EPA requires you to substantiate that claim by submitting extensive and detailed financial documentation. If as a potentially responsible party (APRP@) you feel that you would face a severe financial hardship by remitting the full payment amount, you may request that EPA review your financial ability to pay by following the instructions outlined below.

Your ability to pay claim cannot be considered unless all requested information has been submitted to EPA, or a justifiable explanation as to why it cannot be provided is specifically stated. Your claim will be considered in a future settlement.

If financial information was submitted in response to previous correspondence to EPA, that information should be updated and/or supplemented.

BUSINESSES, please provide:

1. Signed copies of the most recent 5 years of federal tax returns for the business as filed with the IRS complete with all schedules and attachments.
2. Copies of the most recent 5 years of audited financial statements complete with all notes and supplementary schedules. If no audit is performed, unaudited financial statements are acceptable.
3. If not included with either the tax returns or financial statements, provide an all inclusive depreciation schedule detailing the assets of the company.
4. If your business applied for any loans within the past 3 years, provide a copy of each loan application complete with all supporting documents.
5. Provide an organization chart detailing all related entities.
6. Provide a written position statement detailing your financial condition and ability to pay. Provide any documents which support your position or which you want us to consider.
7. If applicable, provide a copy of the LLC, LLP, or partnership agreement complete with all attachments and amendments.
8. Name and telephone number of the person(s) most familiar with the submitted documents to answer questions.

SOLE PROPRIETORSHIPS AND INDIVIDUALS, please provide:

1. Signed copies of the most recent 5 years of your personal federal tax returns (i.e., IRS Form 1040) as filed with the IRS complete with all schedules and attachments.
2. Complete and sign the Financial Data Request Form included with this letter.
3. If you applied for any loans within the past 3 years, provide a copy of each loan application complete with all supporting documents.
4. A written position statement detailing your financial condition and ability to pay. Provide any documents which support your position or which you want us to consider.
5. Name and telephone number of the person(s) most familiar with the submitted documents to answer questions.

Submit all required supporting documentation within thirty (30) days of receipt of this letter. Please include your party's name on any documents submitted to EPA. If you wish to claim that a document is confidential business information, please see Attachment 3 in this package. If you have questions, please call Kevin Shade at (214) 665-2708.

INDIVIDUAL ABILITY TO PAY CLAIM
Financial Data Request Form

This form requests information regarding your financial status. The data will be used to evaluate your ability to pay for environmental clean-up or penalties. If there is not enough space for your answers, please use additional sheets of paper. Note that we may request further documentation of any of your responses. We welcome any other information you wish to provide supporting your case, particularly if you feel your situation is not adequately described through the information requested here.

Certification

Under penalties of perjury, I declare that this statement of assets, liabilities, and other information is true, correct, and complete to the best of my knowledge and belief. I further understand that I will be subject to prosecution by the Environmental Protection Agency to the fullest extent possible under the law should I provide any information that is not true, correct, and complete to the best of my knowledge.

Signature

Date

Name:
Spouse's Name:
Address:
County of Residence:

PART I. BACKGROUND INFORMATION

1. MEMBERS OF HOUSEHOLD (List the head of the household and all persons living with you)			
Name	Age	Relationship to Head of Household	Currently Employed?

2. EMPLOYMENT (List all jobs held by persons in household)			
Name	Employer	Length of Employment	Annual Salary

3. INCOME (List all income earned by persons in household. If members of the household other than the applicant and spouse earn income, please itemize on separate page.)						
Source	Gross (Pre-Tax)		Period of Payment (check one)			
	Applicant	Spouse	Weekly	Monthly	Quarterly	Yrly
Wages/Salaries						
Sales Commissions						
Investment Income (interest, dividends, capital gains, etc.)						
Net Business Income						
Rental Income						
Retirement Income (Pension, Social Security, etc.)						
Child Support						
Alimony						
Other Income (please itemize)						

PART II. CURRENT LIVING EXPENSES

Please list personal living expenses which were typical during the last year and indicate if any of these values are likely to change significantly in the current year. Please do not include business expenses. If you are the owner of an operating business, please attach any available financial statements.

Expense	Amount	Period of Payment (check one)				For Agency Use Only
		Weekly	Monthly	Quarterly	Yearly	
A. Living Expenses						
1. Rent						
2. Home maintenance						
3. Auto fuel maint./other transp.						
4. Utilities						
a. Fuel (gas,oil,wood,propane)						
b. Electric						
c. Water/sewer						
d. Telephone						
5. Food						
6. Clothing, personal care						
7. Medical costs						
B. Debt Payments						
1. Mortgage payments						
2. Car payments						
3. Credit card payments						
4. Educational loan payments						
C. Insurance						
1. Household insurance						
2. Life insurance						
3. Automobile insurance						
4. Medical insurance						
D. Taxes						
1. Property taxes						
2. Federal income taxes						
3. State income taxes						
4. FICA						

Expense	Period of Payment (check one)					For Agency Use Only
	Amount	Weekly	Monthly	Quarterly	Yearly	
E. Other Expenses						
1. Childcare						
2. Current School tuition/expenses						
3. Legal or professional services						
4. Other (itemize on separate page)						
Total Current Expenses						

PART III. NET WORTH

Please provide the following information to the best of your ability. Data should be as current as possible. Estimates are acceptable; if you wish note such items with an "E". If you are the sole proprietor of a business, please list business assets and liabilities to the extent that the information sought is not already provided in your tax returns, in addition to personal assets and liabilities. Please mark these entries with a "B" to identify them as business assets and liabilities.

1. BANK ACCOUNTS (Checking, NOW, Savings, Money Market, CDs etc.)		
Name of Bank or Credit Union	Type of Account	Current Balance
For Agency Use Only - Total Current Balance in Bank Accounts		

2. INVESTMENTS (Stock, Bonds, Mutual Funds, Options, Futures, Real Estate Investment Trusts (REIT), etc.)		
Investment	Number of Shares or Units	Current Market Value
For Agency Use Only - Total Current Market Value of Investments		

3. RETIREMENT FUNDS AND ACCOUNTS (IRA, 401(k), Keogh, vested interest in company retirement fund, etc.)	
Description of Account	Estimated Market Value
For Agency Use Only - Total Estimated Market Value of Retirement Funds and Accounts	

4. LIFE INSURANCE POLICIES (Whole Life, Universal Life, etc.)			
Policy Holder	Issuing Company	Policy Value	Cash Value
For Agency Use Only - Total Value of Life Insurance Policies			

5a. VEHICLES USED FOR COMMUTING PURPOSES (Cars, Trucks, Motorcycles, etc. Only list up to two vehicles used for commuting purposes.)					
Model/Year	Estimated Market Value	Loan (if any) Owed to:	Balance Due:	Start Date	End Date
For Agency Use Only - Total Estimated Market Value of Vehicles					

5b. OTHER VEHICLES (Cars, Trucks, Motorcycles, Recreational Vehicles, Motor Homes, Boats, Airplanes etc.) Attach separate sheets, if necessary.					
Model/Year	Estimated Market Value	Loan (if any) Owed to:	Balance Due:	Start Date	End Date
For Agency Use Only - Total Estimated Market Value of Vehicles					

6. PERSONAL PROPERTY (Household Goods and Furniture, Jewelry, Art, Antiques, Collections, Precious Metals, etc. Only list items with a value greater than \$500.00)					
Type of Property	Estimated Market Value	Loan (if any) Owed to:	Balance Due:	Start Date	End Date
For Agency Use Only - Total Estimated Market Value of Personal Property					

7a. REAL ESTATE — PRIMARY RESIDENCE (Home — List only one such residence.)					
Location & Description of Property	Estimated Market Value	Mortgage (if any) Owed to:	Balance Due:	Start Date	End Date
For Agency Use Only - Total Estimated Market Value of Real Estate					

7b. OTHER REAL ESTATE (Land, Buildings, Land with Buildings)					
Location & Description of Property	Estimated Market Value	Mortgage (if any) Owed to:	Balance Due:	Start Date	End Date
For Agency Use Only - Total Estimated Market Value of Real Estate					

8. OTHER ASSETS					
Type of Asset	Estimated Market Value	Loan (if any) Owed to:	Balance Due:	Start Date	End Date

For Agency Use Only - Total Other Assets

9. CREDIT CARDS AND LINES OF CREDIT

Credit Card/Line of Credit (Type)	Owed To	Balance Due
For Agency Use Only - Total Balance Due on Credit Cards and Lines of Credit		

10. OTHER DEBT (Amounts due to individuals, Fixed obligations, Taxes Owed, Overdue Alimony or Child Support, etc.)

Type of Debt	Owed To	Balance Due	Start Date	End Date
For Agency Use Only - Total Balance Due on Other Debt				

PART IV. ADDITIONAL INFORMATION

Please respond to the following questions. For any question that you answer "Yes," please provide additional information on separate pages or at the bottom of this page.

QUESTION	YES	NO
1. Do you have any reason to believe that your financial situation will change during the next year?		
2. Are you currently selling or purchasing any real estate?		
3. Is anyone (or any entity) holding real or personal property on your behalf (e.g. a trust)?		
4. Are you a party in any pending lawsuit?		
5. Have any of your belongings been repossessed in the last three years?		
6. Are you a Trustee, Executor, or Administrator?		
7. Are you a participant or beneficiary of an estate or profit sharing plan?		
8. Have you declared bankruptcy in the last seven years?		
9. Do you receive any type of federal aid or public assistance?		